Image# 201608229023702901 PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Aut	nonzeu Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	pe 12FE4M5
KelliPAC			
ADDRESS (number and street)	PO Box 11786		
Check if different			
than previously reported. (ACC)	Ft. Mohave		AZ 86427
2. FEC IDENTIFICATION NU	JMBER ▼ CI	ГУ▲	STATE ▲ ZIP CODE ▲
C C00572941		S THIS X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		0 (M5) X Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		² 20 (M3) Jun 20	(Non-Election Year Only)
April 15 Quarterly Report (Q	01)	20 (M4) Jul 20	(M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Floati	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	. -	in the State of
5. Covering Period 07		through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined th	is Report and to the best of	my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasure	Douglas McKee		
Signature of Treasurer Doug	las McKee	[Electronically Filed	Date 08 / 20 / 2016
NOTE: Submission of false, errone	eous, or incomplete information	n may subject the person si	gning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **KelliPAC** 07 2016 07 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2835.00 January 1, 2016 (b) Cash on Hand at 38775.00 Beginning of Reporting Period..... 215205.00 251145.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 253980.00 253980.00 6(a) and 6(c) for Column B)..... 55042.06 55042.06 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 198937.94 198937.94 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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Ke	$\boldsymbol{-}$	Δ	
1/5	 	_	

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	1	
(a) Individuals/Persons Other		
Than Political Committees	045000.00	
(i) Itemized (use Schedule A)	215000.00	250750.00
/**	205.00	395.00
(ii) Unitemized	203.00	393.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	215205.00	251145.00
Lines II(a)(i) and (ii)	, 10100.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	045005.00	251145.00
Totals to Line 33, page 5)	215205.00	251145.00
Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
All Loans Neceived		
Loop Denouments Descived	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	215205.00	251145.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	215205.00	251145.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	I. Disbursements COLUMN A Total This Period	
Operating Expenditures: Allocated Enders!(Non Enders!)	Total Tine Fellou	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	2.22	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	7.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		0.00
and Other Political Committees	0.00	0.00
. Independent Expenditures	55042.06	55042.06
(use Schedule E)	30042.00	33042.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use obligation)		
S. Loan Repayments Made	0.00	0.00
H		
7. Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees	3.00	7 7
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
		0.00
9. Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
		200
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Emico co(a)(i), co(a)(ii) and co(b))	7	7
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	55042.06	55042.06
	7	
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	55042.06	55042.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	215205.00	251145.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	215205.00	251145.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: F3XN

Transaction ID:

I attempted to validate the report and do correctons but was unable to. I Will call for assistance on Monday. Problem resolved 6:45 am. Arizona time.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 7 OF 16 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
	ts and Statements may not be sold or used by any using the name and address of any political commit	
NAME OF COMMITTEE (In Full) KelliPAC		
Full Name (Last, First, Middle Initial) Elloine Clark Mailing Address 3716 Maplewood Ave City Dallas FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code TX 75205 C Occupation Retired Aggregate Year-to-Date 30000.00	Date of Receipt 07
Full Name (Last, First, Middle Initial) Robert and Diana Mercer Mailing Address 600 Route 25A City East Setauket FEC ID number of contributing federal political committee. Name of Employer Renaissance Technologies Receipt For: Primary General Other (specify)	State Zip Code NY 11733 C Occupation Financial Consultant Aggregate Year-to-Date ▼ 200000.00	Date of Receipt 07 22 2016 Transaction ID : SA11AI.4256 Amount of Each Receipt this Period 200000.00 Memo Item
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (opt	ional)	215000.00
TOTAL This Period (last page this line	number only)	215000.00

ΤE	MIZED INDEPENDENT EXPENDITURES			PAGE 8 OF 16 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
K	elliPAC		C	C00572941
Che	eck if 24-hour report 48-hour report New re	report Amends repo	rt filed on	D D
Т	Full Name of Payee	☐ Memo Ite	em Date of Public	Distribution/Dissemination
	Epay Chase		M M /	D D / Y Y Y Y Y
	Mailing Address 3700 Hwy 95		Amount	
ŀ	City State	Zip Code		700.00
	Bullhead City AZ	86432	Transaction ID Date of Disbur	: SE.4289 rsement or Obligation
	Purpose of Expenditure Plane Ticket	Category/ Type 002	07 /	08 / 2016
ı	Name of Federal Candidate	X Support	Office Sought:	House District:
	KELLI WARD	Oppose	President X	Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought	8307.60	Disbursement For: 2016 Other (spe	Primary General
	Full Name of Payee	Memo Ite	m Date of Public	Distribution/Dissemination
	Fastrip Gas		M = M /	D D / Y Y Y Y
ľ	Mailing Address 2111 Hwy 95		Amount	
			7.07.55.11	
	City State	Zip Code	Terrestian ID	69.00
	Bullhead City AZ	86430	Transaction ID Date of Disbut	: SE.4264 rsement or Obligation
	Purpose of Expenditure Fuel	Category/ Type 002	M 07	01 / Y Y Y Y Y Y 2016
ľ	Name of Federal Candidate	X Support	Office Sought:	House District:
	KELLI WARD	Oppose	President >	Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought	124.00	Disbursement For: 2016 Other (spe	Primary General ecify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		>	769.00
((b) SUBTOTAL of Unitemized Independent Expenditures		•	
((c) TOTAL Independent Expenditures		>	
٧	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Douglas McKee [Electre	ronically Filed] Date	08 / 20	2016
	Signature			

Douglas McKee

Signature

	CHEDULE E (FEC Form					
	EMIZED INDEPENDENT EXPEN	IDITURES			PAGE 9	OF 16 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICAT	ΓΙΟΝ NUMBER ▼
ł	KelliPAC				C C00572941	
С	heck if 24-hour report 48-hou	r report New repo	ort Amends repo	ort filed on	M / D D	/
	Full Name of Payee Fastrip Gas		☐ Memo It	Date	of Public Distributio	on/Dissemination
	Mailing Address 2111 Hwy 95			Amour	nt	
	City	State	Zip Code			54.02
	Bullhead City	AZ	86430		ction ID : SE.4276 of Disbursement or	
	Purpose of Expenditure Fuel		Category/ Type 002	M	07 / 03	2016
	Name of Federal Candidate		Support	Office Sought	t: House	District:
	KELLI WARD		Oppose	Preside	ent X Senate	State: AZ
	Calendar Year-To-Date Per Election for Office Sought		290.36	Disbursement 2016 Ot	t For: X Prima	ry General
	Full Name of Payee Hilton Garden Inn Mailing Address A Circle Rd		☐ Memo Ite	Date o	of Public Distribution	on/Dissemination
	1 Circle Rd			Amou	nt	
	City	State	Zip Code			434.74
	Stony Brooke	NY	11794		ction ID : SE.4284 of Disbursement or	
	Purpose of Expenditure Hotel Room		Category/ Type 002	M	07 / 03	2016
	Name of Federal Candidate		X Support	Office Sough	t: House	District: 12
	KELLI WARD		Oppose	Preside	ent Senate	State: AZ
	Calendar Year-To-Date Per Election for Office Sought		434.74	Disbursement 2016 Of	t For:	ary General
	•					
	(a) SUBTOTAL of Itemized Independen	t Expenditures		•		488.76
	(b) SUBTOTAL of Unitemized Independent	dent Expenditures		•		
	(c) TOTAL Independent Expenditures			·· •		
	Under penalty of perjury I certify that t with, or at the request or suggestion of party committee) any political party com	, any candidate or authorized				

[Electronically Filed]

08

Date

20

2016

lma	age# 201608229023702910				
	CHEDULE E (FEC Form				
ITE	EMIZED INDEPENDENT EXPEN	IDITURES			PAGE 10 OF 16 FOR LINE 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)				I
	CelliPAC				FEC IDENTIFICATION NUMBER ▼
					C C00572941
Ch	eck if 24-hour report 48-hou	r report New rep	ort Amends repo	ort filed	on Mam / Dab / Yayayay
	Full Name of Payee		Memo It	em	Date of Public Distribution/Dissemination
	lhop				M = M / D = D / Y = Y = Y
	Mailing Address				
	339 Portion Rd				Amount
	City	State	Zip Code		19.53
	Ronkonkoma	NY	11779		Transaction ID : SE.4266
			11770		Date of Disbursement or Obligation
	Purpose of Expenditure Food		Category/ Type 002		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		X Support	Office	e Sought: House District:
	KELLI WARD		Oppose		President State: AZ
	Calendar Year-To-Date Per Election for Office Sought		143.53	Disbu 2016	ursement For:
	Full Name of Payee		☐ Memo Ite	em	Date of Public Distribution/Dissemination
	Jet blue				M = M / D = D / Y = Y = Y
	Mailing Address 27-01 Queens Plaza	N			
	27-01 Queens Plaza	Νοπη			Amount
	City	State	Zip Code		55.00
	Long Island	NY	11101		Transaction ID : SE.4261
			11101		Date of Disbursement or Obligation
	Purpose of Expenditure Lugage		Category/ Type 002		07 01 / 2016
	Name of Federal Candidate		X Support	Office	e Sought: House District:
	KELLI WARD		Oppose		President Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought		55.00	Disbu 2016	ursement For:
	(a) SUBTOTAL of Itemized Independer	it Expenditures		•	74.53
	.,	,			7 7 7
	(b) SUBTOTAL of Unitemized Independ	dent Expenditures		·· •	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

(c) TOTAL Independent Expenditures.....

Douglas McKee	[Electronically Filed]	Date	08 /	20	/	2016
Signature						

SCHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDITUR	ES		PAGE 11 OF 16 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
KelliPAC			C C00572941
Check if 24-hour report 48-hour report	New	report Amends repo	rt filed on
Full Name of Payee Jet blue		☐ Memo It	Date of Public Distribution/Dissemination
Mailing Address 27-01 Queens Plaza North			Amount
City	State	Zip Code	55.00
Long Island	NY	11101	Transaction ID : SE.4277 Date of Disbursement or Obligation
Purpose of Expenditure lugage		Category/ Type 002	07 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate KELLI WARD		Support Oppose	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought		345.36	Disbursement For: X Primary General 2016 Other (specify) ▶
Lake Grove Diner Mailing Address 2211 Nesconset Hwy			Amount
City	State	Zip Code	26.45
Lake Grove	NY	11755	Transaction ID : SE.4268 Date of Disbursement or Obligation
Purpose of Expenditure Food		Category/ Type 002	07
Name of Federal Candidate		X Support	Office Sought: House District:
KELLI WARD		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		169.98	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	litures		81.45
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
			not made in cooperation, consultation, or concert

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Douglas McKee	[Electronically Filed]	Date	08 /	20	2016	Υ
Signature						_

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 16 FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
K	(elliPAC		C C00572941		
Ch	neck if 24-hour report 48-hour report	New repo	port Amends repo	ort filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee		☐ Memo It	tem	Date of Public Distribution/Dissemination
	McCarran Airport Parking				M = M / D = D / Y = Y = Y
	Mailing Address 1234 Airport Dr				Amount
Ì	City	State	Zip Code		45.00
	Las Vegas	NV	89101		Transaction ID : SE.4281 Date of Disbursement or Obligation
	Purpose of Expenditure Parking		Category/ Type 002		07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	Sought: House District:
	KELLI WARD		Oppose		President Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought	7	407.60	Disbur 2016	rsement For:
Ì	Full Name of Payee		☐ Memo Ite	em	Date of Public Distribution/Dissemination
	Rainmakers				M = M / D = D / Y = Y = Y
	Mailing Address BO Boy 1083				
	PO Box 1082				Amount
	City	State	Zip Code		2500.00
	Springfield	VA	22151		Transaction ID : SE.4299 Date of Disbursement or Obligation
	Purpose of Expenditure Outreach/Donors		Category/ Type 003		07 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		X Support	Office	Sought: House District:
	KELLI WARD		Oppose		President State: AZ
	Calendar Year-To-Date Per Election for Office Sought		54557.60	Disbui 2016	orsement For:
	(a) SUBTOTAL of Itemized Independent Expenditure	es		•	2545.00
				•	7 7 7
	(b) SUBTOTAL of Unitemized Independent Expendit	ures		·· •	1 4 1 4 1
	(c) TOTAL Independent Expenditures			·· •	
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	Douglas McKee	[Electron	nically Filed]	o 80	3 20 2016
	Signature		Date	, 00	20 2010

TEMIZED INDEPENDENT EXPENDITUR	iES			PAGE 13 OF 16 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
KelliPAC		C C00572941		
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		Memo It	em Date	of Public Distribution/Dissemination
Rally Forge LLC				M M / D D / Y Y Y Y
Mailing Address 21401 E Russet Rd			Amou	unt
City	State	Zip Code		25000.00
Queen Creek	AZ	85142		action ID : SE.4295 of Disbursement or Obligation
Purpose of Expenditure Digital Media		Category/ Type 004		07 27 2016
Name of Federal Candidate		Support	Office Sough	ht: House District:
KELLI WARD		Oppose	Presid	
Calendar Year-To-Date			Disbursemer	
Per Election for Office Sought		33307.60	2016	Other (specify)
Full Name of Payee Rally Forge LLC Mailing Address 21404 F Byzact Rd		☐ Memo Ite	Date	of Public Distribution/Dissemination
21401 E Russet Rd			Amou	unt
City	State	Zip Code		18750.00
Queen Creek	AZ	85142		action ID : SE.4297 of Disbursement or Obligation
Purpose of Expenditure Weekly Payment Digital Media		Category/ Type 004		07 / 28 / 2016
Name of Federal Candidate		X Support	Office Sough	ht: House District:
KELLI WARD		Oppose	Presid	dent State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	52057.60	Disbursemer 2016	nt For: X Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	ditures		· [43750.00
(b) SUBTOTAL of Unitemized Independent Expo	enditures		·· •	7 1 7 1 7
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Douglas McKee	[Electron	nically Filed] Date		20 / 2016
Signature		_ Date	,	

NAME OF COMMITTEE (In Full)

		AGE 1		OF		
FEC	_	NTIFICA				
С		057294				
М	/	D II D	/	Y	1 Y 1	Y
Puk	olic [Distributi	on/[Disserr	nination	n
= M	/	D D	/	Y Y	Y	Y
t						
					49.72	
		SE.4286 ement o		_		
)7	/	06	/	2	016	Y
		House		District		
nt	X	Senate		State	:AZ	<u>. </u>
For:		Prima	ary	X	Gene	eral
		cify) ► _ Distributi	on/[Diocon	ninatio	
I Fui					IIIIalio	
_		L		L.		
t						
				-	41.28	
		SE.4272 ement o			(#)	_
07	1	01	/	Y	2016	Y
:		House		District	:	
nt	X	Senate		State	:AZ	<u>z</u>
For:		Y Prim			Gene	eral
h /	onor	cify) ► _				

KelliPAC C00572941							
Check if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee							
Safeway Gas	M = M / D = D / Y = Y = Y						
Mailing Address 4823 S Aztec Rd	Amount						
City State Zip Code	49.72						
Ft. Mohave AZ 86426	Transaction ID : SE.4286 Date of Disbursement or Obligation						
Purpose of Expenditure Fuel Category/ Type 002	07 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate Support Off	ice Sought: House District:						
KELLI WARD Oppose	President X Senate State: AZ						
Calendar Year-To-Date Per Election for Office Sought 49.72 Dis 201	Sbursement For: Primary General Other (specify)						
Full Name of Payee	Date of Public Distribution/Dissemination						
Setauket Floral	M M / D D / Y Y Y Y						
Mailing Address 1380 NY-25A	Amount						
City State Zip Code	41.28						
East Setauket NY 11733	Transaction ID : SE.4272 Date of Disbursement or Obligation						
Purpose of Expenditure Flowers (Dinner Gift) Category/ Type 002	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate Support Off	fice Sought: House District:						
KELLI WARD Oppose	President State: AZ						
	sbursement For:						
(a) SUBTOTAL of Itemized Independent Expenditures	91.00						
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Douglas McKee [Electronically Filed] Date	08 20 2016						
Signature							

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITUR	RES				PAGE 15 FOR LINE 24	OF 16 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDE	ENTIFICATIO	N NUMBER ▼
KelliPAC					00572941	
Check if 24-hour report 48-hour report	New rep	port Amends rep		/ / / / / / / / / / / / / / / / / / /	D D /	Y Y Y Y Y
Full Name of Payee Shell Oil		☐ Memo I	Date	of Public	Distribution/D	Dissemination
Mailing Address 401 West Putnam Ave			Amou	unt		
City	State	Zip Code				25.08
Greenwich	СТ	06830		of Disbur	: SE.4274 sement or Ob	oligation
Purpose of Expenditure Fuel		Category/ Type 002		07	02	2016
Name of Federal Candidate		Support	Office Sough	nt:	House D	District:
KELLI WARD		Oppose	Presid		_	State: AZ
Calendar Year-To-Date Per Election for Office Sought		236.34	Disbursemer 2016	nt For: [Primary	General
Full Name of Payee T-5 Eatery Mailing Address 111 jamaica ave City Jamaica	State NY	Zip Code	Amou	unt /		Dissemination Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Expenditure Food		Category/ Type 002		07 /	03	2016
Name of Federal Candidate KELLI WARD Calendar Year-To-Date Per Election for Office Sought		Support Oppose 362.60	Office Sough Preside Disbursement 2016	dent X	Senate Primary	State: AZ General
(a) SUBTOTAL of Itemized Independent Expen	nditures					42.32
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		·· •	1 7		1 10
(c) TOTAL Independent Expenditures			>	1 7		
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize					
Douglas McKee	[Electron	nically Filed]	08 /	20	2016	Y

2016

20

08

Date

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 16 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
KelliPAC	C C00572941			
	1			M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repor	rt Amends	report	filed on
Full Name of Payee Titan Strategies		Mer	mo Item	Date of Fabric Blottibation Blocommatter
				M M / D D / Y Y Y Y
Mailing Address 4003 Woodstone Way				Amount
City State	e 7	Zip Code		2200.00
Louisville KY		40241		Transaction ID : SE.4292 Date of Disbursement or Obligation
Purpose of Expenditure Conduct Poll		Category/	005	M - M / D - D / Y - Y - Y - Y
		Type	005	07 06 2016
Name of Federal Candidate		X Suppo	ort C	Office Sought: House District:
KELLI WARD		Oppos	se	President X Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		2607.60		Disbursement For: X Primary General 2016 Other (specify) ▶
Full Name of Payee		Mem	no Item	Date of Public Distribution/Dissemination
Titan Strategies				M M / D D / Y Y Y Y
Mailing Address 4003 Woodstone Way				Amount
City State	e i	Zip Code		5000.00
Louisville KY	· 	40241		Transaction ID : SE.4294 Date of Disbursement or Obligation
Purpose of Expenditure Consulting July		Category/ Type	001	07 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Suppo	ort (Office Sought: House District:
KELLI WARD		Oppos	se	President State: AZ
Calendar Year-To-Date Per Election for Office Sought		7607.60		Disbursement For:
			<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures				7200.00
(b) SUBTOTAL of Uniterprized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				•
(c) TOTAL Independent Expenditures				55042.06
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized			
Douglas McKee	[Electronic	cally Filed]		M M / D D / Y Y Y Y Y
Signature	Electronic	y Pueuj	Date	08 20 2016